

POSITION	INITIALS	IP NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>			

**INDEX OF CLAIMS**

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	5/14/02
2	✓	✓	5/17/02
3	✓	✓	5/18/02
4	✓	✓	5/18/02
5	✓	✓	5/18/02
6	✓	✓	5/18/02
7	✓	✓	5/18/02
8	✓	✓	5/18/02
9	✓	✓	5/18/02
10	✓	✓	5/18/02
11	✓	✓	5/18/02
12	✓	✓	5/18/02
13	✓	✓	5/18/02
14	✓	✓	5/18/02
15	✓	✓	5/18/02
16	✓	✓	5/18/02
17	✓	✓	5/18/02
18	✓	✓	5/18/02
19	✓	✓	5/18/02
20	✓	✓	5/18/02
21	✓	✓	5/18/02
22	✓	✓	5/18/02
23	✓	✓	5/18/02
24	✓	✓	5/18/02
25	✓	✓	5/18/02
26	✓	✓	5/18/02
27	✓	✓	5/18/02
28	✓	✓	5/18/02
29	✓	✓	5/18/02
30	✓	✓	5/18/02
31	✓	✓	5/18/02
32	✓	✓	5/18/02
33	✓	✓	5/18/02
34	✓	✓	5/18/02
35	✓	✓	5/18/02
36	✓	✓	5/18/02
37	✓	✓	5/18/02
38	✓	✓	5/18/02
39	✓	✓	5/18/02
40	✓	✓	5/18/02
41	✓	✓	5/18/02
42	✓	✓	5/18/02
43	✓	✓	5/18/02
44	✓	✓	5/18/02
45	✓	✓	5/18/02
46	✓	✓	5/18/02
47	✓	✓	5/18/02
48	✓	✓	5/18/02
49	✓	✓	5/18/02
50	✓	✓	5/18/02

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)